



Volunteer Interest Form

Please complete and return to UMG. Please note: in addition to completing this form you must complete all required documents before being able to join the mission.

Today's Date: _____

Contact Name: _____
(First) (M) (Last)

Prefix: Mr Mrs Ms Dr Suffix: Jr Sr Other

Address: _____

City, State: _____ Zip: _____

Phone: _____ (c) Phone: _____ (w) Email: _____

By providing your contact information and email address, you'll receive the UMG newsletter and can unsubscribe at any time.

More about you:

Do you have any medical credentials? No Yes Type: _____

How did you hear about us? Friend Online Through an organization Other: _____

Return form to:

info@unitedmissionofgoodwill.org

Contact information/location:

Phone: 5706167644

959 E 106 St.

Brooklyn, NY 11236

Thank you so much for your interest in volunteering with United Mission of Goodwill Inc.! Please feel free to contact us with any questions. We'll get back to you as soon as possible.

LIABILITY RELEASE

Please email this form along with other application materials. This form must be signed and dated by anyone intending to volunteer for United Mission of Goodwill Inc. Volunteers under 18 years of age must have a parent or guardian sign this form.

Release and Disclaimer (please read carefully):

In connection with my voluntary involvement in activities undertaken for, and with the participation and support of United Mission of Goodwill Inc., a non-profit charitable organization, I hereby agree, for myself, my heirs, assigns, executors, and administrators to release and discharge United Mission of Goodwill Inc., its officers and directors, employees, agents and volunteers from all claims, demands, and actions for injuries sustained to my person and/or property as a result of my involvement in such activities, whether or not resulting from my negligence, and I agree to release and hold United Mission of Goodwill Inc., its officers and directors, employees, agents and volunteers harmless from any cause or action, claim, or suit arising there from. I agree to grant United Mission of Goodwill Inc. the right to use my name and image in all forms and media. I hereby attest that my attendance and involvement in such activities is voluntary, that I am participating at my own risk, and that I have read the foregoing terms and conditions of this release. Additionally, by signing below, I agree that **United Mission of Goodwill Inc. is not responsible for any theft, damage or misplacement of property** incurred during activities undertaken for United Mission of Goodwill Inc.

I assume all liability and responsibility and release United Mission of Goodwill from any and all claims and/or liability.

Signature of volunteer

Signature of parent/guardian for under 18 years of age volunteers

Date: _____

PHOTO RELEASE

In consideration of the acceptance of my volunteer application to participate as a volunteer for United Mission of Goodwill Inc., I authorize and give full permission to for use of my name and photograph, still or video, in connection with my volunteer activities and I consent to the use of such material or its reproduction in any manner and by any medium which United Mission of Goodwill Inc. deems appropriate.

NOTE: It is your responsibility to remove yourself from any photo if you choose not to sign below

Signature of volunteer

Signature of parent/guardian for under 18 years of age volunteers

Date: _____